

INDIVIDUAL IMMUNIZATION RECORD

BRING THIS RECORD FOR IMMUNIZATIONS

| | |
|----------------------------|------------|
| NAME (Last, First, Middle) | |
| BIRTHDATE / / | BIRTH NAME |

| VACCINE | TYPE OF VACCINE | DATE GIVEN Mo/Day/Year | HEALTH PROFESSIONAL OR CLINIC | DATE NEXT DOSE DUE |
|---|-------------------------|---------------------------|----------------------------------|-----------------------|
| Diphtheria- Tetanus- Pertussis (DTaP/DTP/DT/ Td/Tdap) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| | 6 | | | |
| | 7 | | | |
| | 8 | | | |
| | 9 | | | |
| <i>Haemophilus Influenza type B</i> (Hib) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Hepatitis B (HepB) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Polio (IPV/OPV) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Pneumococcal Conjugate (PCV7) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Rotavirus (Rota) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| Hepatitis A (HepA) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| Measles-Mumps- Rubella (MMR) | 1 | | | |
| | 2 | | | |
| Varicella (Var) Chickenpox | 1 | | | |
| | 2 | | | |
| | HX of chickenpox | | | |
| Meningococcal (MCV4/MPSV4) | 1 | | | |
| | 2 | | | |
| Human Papillomavirus (HPV4) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| Zoster <i>Shingles</i> | 1 | | | |
| Pneumococcal Polysaccharide PPV23 | 1 | | | |
| | 2 | | | |
| Influenza (TIV/LAIV)** | | | | |
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| Other | | | | |
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** Influenza vaccine recommendations change from year to year. Please check www.michigan.gov/flu for the most current changes, or call your local health department.
 Combination vaccines should always be documented under each antigen.
 Please see note section on other side.

OFFICIAL IMMUNIZATION RECORD

For Children and Adults

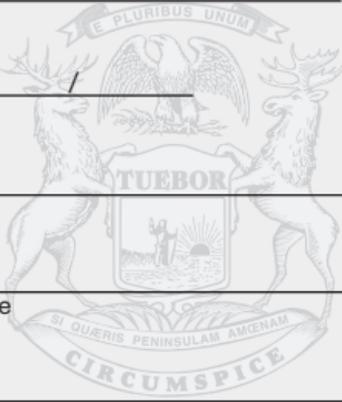
Name: _____ Sex: F M

Birthdate: ____ / ____ / ____

Special Problems: _____

Physician/Clinic: _____
Name Telephone

Parent/Guardian: _____
Name Telephone



Getting immunized is a life-long job that prevents serious diseases.

- Children 11-12 years of age need shots to prevent tetanus, diphtheria, pertussis (whooping cough), and meningococcal disease. Girls should receive human papillomavirus vaccine.
- All adults (not just the elderly) need vaccines to protect them from severe illnesses.
- Many people need yearly influenza vaccine. Ask if you or one of your family members should get flu vaccine.

Keep track of the immunizations you and your child have received.

- Bring your immunization card to every medical visit. This is necessary for children and adults.
- Ask to have your card updated every time vaccines are given.
- The Michigan Care Improvement Registry (MCIR) keeps immunization records for Michigan residents. Ask if the vaccine you or your child received is entered in MCIR.*
- Children must meet Michigan’s immunization requirements to enroll in any nursery, day care, preschool or head start program, and public or non-public school.

*“Under Public Act 540 of 1996 and the Administrative Rules [R325.163] which govern the immunizations given to children, a physician who administers immunizations to a child under the age of 20 years is required to report this information to the Michigan Care Improvement Registry (MCIR), formally the Michigan Childhood Immunization Registry.”

Notes: _____

